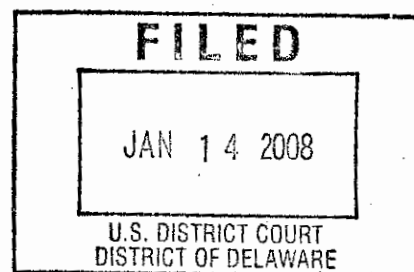


United States District Court
For the District of Delaware



Acknowledgement of Service Form *Scanned*
For Service By Return Receipt

Civil Action No. 07CV744-SLR

Attached below is a return receipt card reflecting proof of service
upon the named party on the date shown.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>DAVID McDONAGH</i> C. Date of Delivery <i>1-11-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Warden Vincent Bianco CVOP P.O. Box 5003 Smyrna, DE 19977</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0004 3169 6596</p>		<p>U.S. DISTRICT COURT DISTRICT OF DELAWARE</p> <p>JAN 14 2008</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540